

AO 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

SOUTHERN District of ALABAMA

Christine Mosquito et al.

SUMMONS IN A CIVIL CASE

V.

Pate Stevedore Co., Inc. et al.

CASE NUMBER: CV-09-103-CG-M

TO: (Name and address of Defendant)

Pascagoula-Moss Point Stevedores, ILA Pension Plans
4619 Main Street, Suite A
Moss Point, MS 39563

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Michael S. McNair
2151 Government Street
Mobile, AL 36606

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

CHARLES R. DIARD, JR.

CLERK

March 03, 2009

DATE

Mary Ann Boyles

(By) DEPUTY CLERK

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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾		DATE <u>3-9-2009</u>
NAME OF SERVER (PRINT) <u>Michael B. McNair</u>		TITLE <u>Attorney</u>
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the third-party defendant. Place where served: _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____		
<input checked="" type="checkbox"/> Other (specify): <u>by Certified Mail</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>3-12-09</u>		Signature of Server _____
Date		
<u>2151 Government St. Mobile, AL 36606</u>		
Address of Server		

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.90

Postmark Here

7007 1490 0003 1142 3251

Send To
 Pascagoula - Moss Point Shoreline IRLA Pension Plan
 Street, Apt. No.,
 or PO Box No. 4619 Main St. Suite A
 City, State, ZIP+4
 Moss Point, MS 39563

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Pascagoula - Moss Point
 Shoreline - IRLA Pension Plan
 4619 Main St., Suite A
 Moss Point, MS 39563

2. Article Number
 (Transfer from service label) 7007 1490 0003 1142 3251

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Teresa Duckworth ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Teresa Duckworth

C. Date of Delivery
 3-9-2009

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102565-02-M-1540